PED100 (1/14)

## Registration for Solicitation by Non-Profit Organizations for Philanthropic, Religious or Educational Purposes



## CITY OF EDINA

Police Department 4801 W 50<sup>th</sup> Street, Edina MN 55424-1394 Phone: (952) 826-1610 Fax: (952) 826-1607

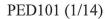
☐ I am a Non-Profit solicitor			
Proof of Non-Profit status attached (if applicable)			
Name of Organization:			
Principal of Organization/Contact Name			
Address Suite # City State Zip			
Phone Number ()Supervisor's Phone Number ()			
Name of Person Registering (if different than above) Phone:  A brief description of the nature of the business and the products being sold (if applicable)			
Attach flyer, pamphlet, information or other regarding products to be sold.			
Attach a list of names of people who will be soliciting for this organization during these dates (if applicable).			
Date(s) of soliciting: From To (Registration is valid for a 90 day period)			

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we may be requesting on this form. Private data is available to you, but not to the public. We are requesting certain data for your registration as a non-profit organization in order for you to solicit in the City of Edina. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data however refusing to supply the data may cause your registration to not be processed. This data can be shared by Edina City Staff, Department of Public Safety, and other persons or entities deemed necessary for verification of information submitted in the registration. Your signature on this application indicates you understand these rights. Signature X Date I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows: Address\_\_\_\_\_\_ Telephone Number\_\_\_\_\_ Processed by \_\_\_\_\_\_\_
Approved \_\_\_\_\_\_\_Date\_\_\_\_\_ For office use only: Date \_\_\_\_\_OCA \_\_\_\_ Chief of Police ☐ Fee \_\_\_\_\_ Rcpt# \_\_\_\_ ☐ Credentials (If applicable)  $\square$  Copy of ID

**REGISTRATION NUMBER** 

List two municipalities where you carried on this business immediately preceding the date of this registration and include the address(es) from which business was conducted in those

municipalities.





EDINA POLICE DEPARTMENT Phone (952) 826-1610 Fax (952) 826-1607 Website http://www.edinamn.gov

## **Checklist and Procedures For Non-Profit Solicitation Registration**

<ul> <li>Complete or</li> <li>Do not leave write "N/A".</li> <li>To register,</li> <li>identification</li> </ul>	stration form (Both sides) he registration form per organization. he any lines blank – If a question does not apply, he apply wou must have a current government issued he card or driver's license. he that are peddling or soliciting on behalf of the	
organization identification	must carry on their person a government issued n such as a drivers' license and written stating the name of the organization and its'	
<ul> <li>DO NOT SIC must be sign receiving the</li> </ul>	AN THE REGISTRATION NOW. Registrations ned in front of police department personnel e registration. cance by the Chief of Police, registration is valid of 90 days.	
Return the completed registration along with a copy of the documentation confirming your Non-Profit status to the Edina Police Department		
Fees: Non-Profit Organization Registration <b>\$50.00</b> Make check payable to: <b>Edina Police Department</b>		
You are responsible for reading all of the Edina City Ordinance Chapter 12, Article V: Peddlers and Solicitors. Sec. 12-153 applies		

to Non-Profit Organizations specifically, however all persons shall comply with provisions of Sections 12-155, 12-156 and 12-157.